ELEV8 FINANCIAL GROUP LLC (Elev8fg.net)
TAX INFO ORGANIZER
2019 INCOME TAX RETURNS

Please use this guide to compile all of your 2019 tax information that needs to be submitted to our office to prepare your business and personal tax returns. Once you have rounded up all the information needed to prepare your taxes please put it in the Cloud Cabinet, fax it to us, mail it to us via regular mail or drop it off at our office. Please do not send documents via email unless the document is password protected. Thank you for your assistance with gathering this information.

Please complete all applicable sections. Also, please provide details and documentation as requested.
WE WILL NEED THIS COMPLETED QUESTIONAIRE BEFORE WE CAN START YOUR TAX RETURN.

The Internal Revenue Service (IRS) matches information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the IRS are also mailed or delivered to taxpayers in an envelope clearly marked "IMPORTANT TAX DOCUMENTS ENCLOSED" and should be submitted with this organizer. Include the following, if applicable:

DOCUMENT CHECKLIST

- ☐ – W-2 (wages)
- ☐ – 1099-R (retirement)
- ☐ – 1099-INT (interest)
- ☐ – 1099-DIV (dividends)
- ☐ – 1099-B (brokerage sales)
- ☐ – 1099-MISC (rents, etc.)
- ☐ – 1099 (any other)
- ☐ – 1095-A, 1095-B, 1095-C (health insurance)
- ☐ – Rental Income & Expenses
- ☐ – Self-Employment Income & Expenses
- ☐ – Job-related Expenses
- ☐ – 1098-T (education)
- ☐ – Schedules K-1 (Forms 1065, 1120S, 1041)
- ☐ – Annual investment/brokerage statements
- ☐ – 1098 (mortgage interest)
- ☐ – Closing Disclosure (real estate sales/purchases)
- ☐ – Real Estate Tax Statements
- ☐ – Medical Expenses
- ☐ – Copies of auto registrations
- ☐ – Child Care Provider Information
- ☐ – Charitable Contributions Documentation
- ☐ – Other information statements

The filing deadline for your income tax return is **4/15/20**. Your completed tax organizer needs to be received no later than **3/1/20**. Any information received after that date may require an extension to be filed for this return.

If an extension of time is required, any tax due should be paid with that extension. Any taxes not paid by 4/20/19 will be subject to late-payment penalties and interest.

Your return will be electronically filed unless otherwise requested or ineligible for e-file. The request to opt out of e-filing may require you to sign a form that will be filed with the taxing authority(ies). We look forward to assisting you with your tax obligations. Should you have questions regarding any items, please do not hesitate to contact us at **406-551-6300** or **admin@elev8fg.net**.

If you are uncertain of the appropriate response for any of the requested items, please consult us.

Signatures - Required

The undersigned certifies, to the best of his or her knowledge, that the information documented in and provided with this organizer is complete and accurate.

Primary Taxpayer Signature

Secondary Taxpayer Signature

PRINT FIRST AND LAST NAMES

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	GENERAL QUESTIONS	YES	NO	COMMENTS
1	Has any of your personal information changed such as address, phone, email, or marital status?	☐	☐	If "Yes" go to section 1, if "No" skip section 1
2	Do you have any dependents?	☐	☐	If "Yes" go to section 2, if "No" skip section 2
3	Do you own all or part of a business?	☐	☐	If "Yes" go to section 4, if "No" skip section 4
4	Did you have any rental income?	☐	☐	If "Yes" go to section 5, if "No" skip section 5
5	Do you have any miscellaneous deductions such as teacher expenses, H.S.A. or MT Medical Savings contributions, retirement plan contributions, student loan interest, or moving expenses?	☐	☐	If "Yes" go to section 7, if "No" skip section 7
6	Did you have any itemized deductions such as medical expenses, state income or sales tax, real estate or personal property tax, mortgage interest, gifts to charity, tax prep fees, investment expenses, etc.	☐	☐	If "Yes" go to section 8, if "No" skip section 8
7	Fill out section 9 for tax credits and how you would like to receive/pay your tax refund/tax. - ***REQUIRED***	☐	☐	
8	Fill out section 10 for miscellaneous administrative items. - ***REQUIRED***	☐	☐	
9	Other Notes/Comments	☐	☐	

1	PERSONAL INFORMATION	YES	NO	COMMENTS
1	**ADDRESS CHANGE** - Did you have a change in address during the year? If so, please provide new address.	☐	☐	
2	**TELEPHONE OR EMAIL CHANGE** - Please provide any changes in your telephone #s and email addresses.	☐	☐	
3	**PRIOR YEAR TAX RETURN COPIES** - Please provide a copy of your prior year tax return if we did not prepare it.	☐	☐	
4	**MARITAL STATUS CHANGE** - Did you have a change in your marital status? Date of marriage / divorce?	☐	☐	

2	CHILDREN AND OTHER DEPENDENTS	YES	NO	COMMENTS
1	**DEPENDENTS -** Are there any changes in your dependents from last year? Please provide the names, birthdates and social security numbers for any new dependents.	☐	☐	
2	**OTHER DEPENDENTS -** Did you provide over half of the support for a family member that is not your child?	☐	☐	
3	**IF DIVORCED -** which of your children are you entitled to claim on your income tax return as a dependent?	☐	☐	
4	**DEPENDENT'S INCOME FROM WORK -** Did any of your dependents have income of ***$12,200*** or more?	☐	☐	
5	**DEPENDENT'S INVESTMENT INCOME -** Did any of your children under age 19, or under age 24 if they are a full-time student, have investment income over ***$2,200*** ? If yes, do you want us to prepare your child’s tax return? Note that starting in 2018, unearned income can no longer be included on the parent’s tax return.	☐	☐	
6	**MILITARY -** Were either you or your spouse in the military or National Guard?	☐	☐	
7	**COLLEGE -** Did any dependent child 19–23 years of age attend school full-time for more than 4 months during the year?	☐	☐	

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3	INCOME	YES	NO	COMMENTS
1	**W-2s** - Please provide W-2s from your employers.	☐	☐	
2	**BANK ACCOUNTS** - Please provide your year-end bank statements and/or 1099-INT showing interest income earned during the year.	☐	☐	
3	**INVESTMENT ACCOUNTS** - Please provide your brokerage/investment account year-end statements.	☐	☐	
4	**WORTHLESS ACCOUNTS/INVESTMENTS/DEBTS -** During this year, did you have any securities that became worthless or loans that became uncollectible?	☐	☐	
5	**SAVINGS BONDS -** Did you surrender any US savings bonds?	☐	☐	
6	**FOREIGN BANK ACCOUNTS -** Did you have an interest in or signature authority over a financial account in a foreign country?	☐	☐	
7	**FOREIGN INCOME -** Did you receive income from a foreign source or pay taxes to a foreign government?	☐	☐	
8	**CRYPTOCURRENCY** - Did you engage in either a purchase or sale transaction involving cryptocurrency (such as bitcoin)?	☐	☐	
9	**TAX EXEMPT INCOME -** Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?	☐	☐	
10	**PENSIONS RECEIVED** - Please provide the year-end statements for any pension payments you received. 401(k), IRA, SEP, etc. - **Form 1099-R**	☐	☐	
11	**IRA DISTRIBUTION -** Did you receive any distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution (**Form 1099R**)?	☐	☐	
12	**PRIOR YR. TAX REFUNDS** - Please provide any Form **1099-G**, check copies and/or amounts of any tax refunds you received in the year.	☐	☐	
13	**TIP INCOME -** Did you receive tip income not reported to your employer?	☐	☐	
14	**ALIMONY PAYMENTS** - If your divorce was finalized before ***December 31, 2019*** - please provide the amount of any alimony payments ***you received*** as well as the name & social security # of the person who made the payments to you.	☐	☐	
15	**ALIMONY PAYMENTS** - If your divorce was finalized before ***December 31, 2019*** - please provide the amount of any alimony payments ***you paid*** as well as the name & social security # of the person you made the payments to.	☐	☐	
16	**DISABILITY INCOME -** Did you receive disability income?	☐	☐	
17	**GAMBLING -** Do you have gambling winnings? (If yes, be sure to include a schedule of gambling expenses).	☐	☐	
18	**529 EDUCATION SAVINGS PLANS -** Did you make any withdrawals from an education savings account or 529 plan? If so, please provide the year-end statement for the 529 plan.	☐	☐	
19	**SUB-S, PARTNERSHIP OR TRUST K-1s** - If you own or invested in a partnership, subchapter S or trust, please provide the K-1 from that activity.	☐	☐	

20	**FARM, GAS OR OIL OWNERSHIP** - If you have an ownership interest in a farm or oil and gas business activity we will need a summary of all income and expenses incurred for the business.	☐	☐	
21	**UNEMPLOYMENT INSURANCE** - Provide your **1099-G** showing any unemployment insurance you received or paid back during the year.	☐	☐	
22	**SOCIAL SECURITY BENEFITS RECEIVED**. - Please provide statements showing any Social Security benefits you received last year - **Form SSA-1099**.	☐	☐	
23	**OTHER INCOME -** Did you receive income from any legal proceedings, cancellation of student loans or other indebtedness during the year? If yes, provide details.	☐	☐	
24	**DEBT FORGIVENESS -** Did you declare bankruptcy, have a property foreclosed on or have any debt cancelled?	☐	☐	
25	**ROTH CONVERSION -** Did you convert a traditional IRA to a Roth IRA?	☐	☐	
4	**BUSINESS INCOME & EXPENSES**	**YES**	**NO**	**COMMENTS**
1	**NEW BUSINESS -** Did you start or acquire a new business last year?	☐	☐	
2	**BUSINESS SALE -** Did you sell any part of an existing business, or sell business assets?	☐	☐	
3	**QUICKBOOKS** - Please provide a RECONCILED QuickBooks file to our office or login credentials to your online accounting software. The file/software needs reconciled through the end of the year for all bank & credit card accounts. If a statement has a closing date other than the last day of the month, your account will need to be reconciled through the January 2020 statement to ensure all 2018 transactions are entered into the file. If you do not use accounting software contact us and we will provide a template for you to organize the information needed to complete your income tax return. If you would like assistance in organizing your data, please contact us.	☐	☐	
4	Is your Accounts Receivable balance accurate as of 12/31/2019? If not, please advise what invoices/credit balances should be written off the books.	☐	☐	
5	Is your Accounts Payable balance accurate as of 12/31/2019? If not, please advise what bills/credit balances should be written off the books.	☐	☐	
6	For every bank, investment and credit card account, please provide a copy of the December 2020 statement.	☐	☐	
7	For every loan with an outstanding balance during 2019, please provide a year end loan statement which shows the beginning principle balance, total interest paid in 2019, and ending principle balance. (Please include loan statements for loans paid off during 2019 as well)	☐	☐	
8	If you purchased a vehicle for business use in 2019, please provide a copy of the bill of sale or other document showing the total paid, trade in value, etc.	☐	☐	

9	If Elev8 did NOT process your 2019 payroll, please provide us a copy of your 2019 payroll forms including Form 940, Q1-Q4, Forms 941, State Unemployment Forms, W3 and W2s. Also provide a detailed payroll report for the year and record of tax payments made during the year.	☐	☐	
10	Were you required to file 1099s to vendors? (Paid any amount for rent or services greater than $600) If yes, did you file 1099s for these vendors? You are required to attest to this question on your tax return. If you were required to file but have not yet done so, we recommend you get them filed ASAP. Please advise if you need assistance with this.	☐	☐	
11	Did you have health insurance other than through your employer? If so, is it in your QB file? If not, what is the total amount paid for the year?	☐	☐	
12	Did you use your home internet for business purposes? If yes, what was the total amount paid for this? What proportion did you use your internet for business versus personal (ie. 85% Biz/15% Pers)? Indicate what amount of this was paid with business funds and already accounted for in the QuickBooks file.	☐	☐	
13	Did you use your cell/home phone for business purposes? If yes, what was the total amount paid for this? What proportion did you use your phone for business versus personal (ie. 85% Biz/15% Pers)? Indicate what amount of this was paid with business funds and already accounted for in the QuickBooks file.	☐	☐	
14	Did you use an office in your home solely for business purposes? If yes, please provide the following information. Indicate what amount of this was paid with business funds and already accounted for in the QuickBooks file.	☐	☐	
	Total Home Square Footage			
	Home Office Square Footage			
	Totals Paid for Home Office Expenses During 2019:			
	Home Owners Insurance			
	HOA Fees			
	Utilities (electric/gas/water/sewer/trash)			
	Office Furnishings & Supplies			
	Rent (If you rent your home)			
	Other:			
15	Did you use your personal vehicle for business purposes? If yes, please provide the following information. Also indicate what amount(s) of the expenses were paid with business funds. Provide information for multiple vehicles SEPARATELY if necessary.	☐	☐	
	Vehicle Description (Year/Make/Model)			
	1/1/19 Odometer Reading			
	12/31/19 Odometer Reading			
	Amount of Miles Driven for Business Purposes (do not include commuting miles/miles driven to get to and from work/home)			

	Totals Paid for Vehicle Expenses During 2019 - This is not needed if all the items are recorded in the business accounting records you have provided to us:			
	Fuel			
	Repairs & Maintenance			
	Insurance			
	Registration			
	Other:			

DESKTOP QUICKBOOKS - USER NAME = ____________ PASSWORD = _____________

5	RENTAL INCOME	YES	NO	COMMENTS
1	**RENTAL PROPERTY -** If you own rental property, do you qualify as a Real Estate Professional?	☐	☐	
2	**RENTAL PROPERTY** - If you have a rental property we will need a summary of all income and expenses by property for the year. Please contact us and we will send you a template that you can use to provide us the information needed for your tax return.	☐	☐	

6	HEALTH INSURANCE	YES	NO	NOTES
1	**HEALTH INSURANCE -** Did anyone in your family NOT maintain health insurance for the entire year? Please provide coverage dates to/from for each family member.	☐	☐	
2	**HEALTH INSURANCE -** Did anyone in your family qualify for an exemption from the health insurance coverage mandate?	☐	☐	
3	**HEALTH INSURANCE -** Please provide any IRS Forms 8965, 8962 or 1095-A,B or C you received related to health insurance (ACA).	☐	☐	
4	**HEALTH INSURANCE - SELF EMPLOYED -** If you, or your spouse, have self-employment income, did you pay any health insurance premiums or long-term care premiums?	☐	☐	

7	MISCELLANEOUS DEDUCTIONS	YES	NO	COMMENTS
1	**TEACHER EXPENSES** - If you are a teacher, what was the total that was paid by you personally (and not reimbursed by your employer) for books and teaching supplies for your classroom?	☐	☐	
2	**HEALTH SAVINGS ACCOUNTS** - Please provide a copy of your year-end statements.	☐	☐	
3	**MONTANA CLIENTS ONLY** - **MT MEDICAL SAVINGS ACCT. -** Please provide a copy of your year-end statement.	☐	☐	
4	**RETIREMENT PLAN CONTRIBUTIONS** - If you made a contribution to a retirement plan other than through your employer, please provide a copy of the year-end retirement account statement evidencing the contribution.	☐	☐	
5	**MOVING EXPENSES** - If you are an active-duty member of the U.S. Armed Forces and moved pursuant to a military order, please provide purpose of move, total miles moved and total moving costs not reimbursed by an employer (do not include meals).	☐	☐	
6	**STUDENT LOAN INTEREST** - Please provide the amount of student loan interest you paid.	☐	☐	

8	MT RESIDENTS <u>OR</u> INDIVIDUALS W/HIGH ITEMIZED DEDUCTIONS	YES	NO	COMMENTS
1	**TUITION EXPENSES** - Please provide the name and address of the college you or your dependent attended, what was studied, if you/dependent attended full-time or part-time, and the tuition paid. Please provide Form **1098-T** for any tuition paid.	☐	☐	
2	**MEDICAL EXPENSES** - Please provide a list of your medical expenses, medical insurance, long-term care insurance and mileage for medical care purposes that <u>were not paid</u> as part of a pre-tax employer arrangement or paid out of an HSA.	☐	☐	
3	**MEDICAL TRAVEL AND AUTO USAGE -** Please provide an itemized list of any travel or auto usage (miles) related to medical needs.	☐	☐	
4	**HOME REAL ESTATE TAXES** - Please provide a copy of your real estate tax statements if not paid by your mortgage.	☐	☐	
5	**TAX PAYMENTS** - If you made any federal, state or local income tax payments other than through your employer, please provide copies of the checks, forms filed and/or the amounts, dates and year/quarter the payment was applied to. This includes tax payments made for prior years.	☐	☐	
6	**AUTOMOBILE REGISTRATIONS** - Please provide copies of your vehicle registrations/receipts you paid for during the year. (Receipt needs to show the breakout of taxes vs fees paid)	☐	☐	
7	**MOTOR VEHICLE OR BOAT PURCHASE -** Do you own or did you purchase a motor vehicle or boat? If a new purchase, please provide the purchase statement. If purchased in a prior year but you have a loan on it please provide the interest which was paid on the loan.	☐	☐	
8	**HOME PURCHASE OR SALE** - If you purchased or sold a home please provide a copy of the settlement stmt. from the sale.	☐	☐	
9	**HOME PURCHASE** - If you purchased a home since 2008, which you had received a home buyer credit or other government sponsored incentive, please provide any related information.	☐	☐	
10	**HOME REFINANCE -** If you refinanced a home please provide a copy of the settlement statement from the closing.	☐	☐	
11	**HOME MORTGAGE INTEREST** - Please provide a copy of your year-end mortgage statements and **Form 1098s**.	☐	☐	
12	**CHARITY** - Cash contributions - Please provide a list of the charities and the total amount given to each.	☐	☐	
13	**CHARITY** - Non-cash contributions - Please provide the name of the charities, their addresses, what was given, and the value of what was given.	☐	☐	
14	**CHARITY** - Mileage - Please provide the number of miles you drove for charitable purposes.	☐	☐	
15	**CHILD CARE** - If you incurred child care expenses so that you could be employed, please provide the name, address, and social security/FEIN # of the provider which children were cared for and the amount paid for the care of each child.	☐	☐	

9	CREDITS AND TAX PAYMENTS	YES	NO	COMMENTS
1	**ADOPTION -** Did you adopt a child or begin the adoption process during the year?	☐	☐	
2	**HOME ENERGY IMPROVEMENTS** - if you made any energy improvements to your home, please provide receipts for these improvements.	☐	☐	
3	**FUEL EFFICIENT AUTO -** Did you purchase a 'clean fuel' or electric hybrid vehicle?	☐	☐	
4	**ESTIMATED TAX PAYMENTS -** Did you make any estimated federal or state tax payments? Please provide copies of the checks, receipts, tax forms and/or coupons for the payments.	☐	☐	
5	**OTHER STATES -** Were you a resident of (or did you have income in) more than one state?	☐	☐	
6	**HOME CREDIT -** Did you claim a First-time Homebuyer Credit for a home purchased in 2008?	☐	☐	
7	**HOME CREDIT -** Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?	☐	☐	
8	**TAX REFUND -** If you are due a refund, how do you want to receive it? CHECK APPLY TO NEXT YEAR DIRECT DEPOSIT ****Please provide a copy of a voided check if you want your refund direct deposited to your bank acct.***	☐	☐	
9	**TAX OWED -** If you owe taxes, how do you want to pay them? CHECK CREDIT CARD DIRECT DEBIT INSTALLMENT AGREEMENT ****Please provide a copy of a voided check if you want to pay your taxes via a direct debit.***	☐	☐	

10	MISCELLANEOUS ITEMS	YES	NO	COMMENTS
1	**GIFTS -** Did you give a gift of more than $15,000 to one or more people?	☐	☐	
2	**PRESIDENTIAL CAMPAIGN FUNDING -** Do you wish to have $3 (or $6 on joint return) of your taxes applied to the Presidential Campaign Fund? This contribution will not impact your refund or tax owed.	☐	☐	
3	**HOUSEHOLD EMPLOYEE -** Did you pay any household employee (domestic services) over age 18 wages of ***$2,100*** or more? If yes, provide copy of Form W-2 issued to each household employee. If yes, did you pay total wages of $1,000 or more in any calendar quarter to all household employees?	☐	☐	
4	**PERMISSION FOR GOVT. TO SPEAK WITH US -** Can the IRS and state tax authority discuss questions about this return with the preparer?	☐	☐	
5	**TAX NOTICES -** Did you receive any notifications from either the IRS or any state taxing agency? If so please provide copies of the notices to us.	☐	☐	

6	**REQUIRED MINIMUM DISTRIBUTIONS -** Did you or your spouse reach age 70 1/2 in 2019? If so, did you take your Required Minimum Distribution (RMD) from your retirement accounts?	☐	☐	
7	**NEW IRA** - If you are interested in opening a new IRA and would like assistance with this, please contact us.	☐	☐	
8	**RETIREMENT PLAN ROLLOVER -** If you are changing jobs or leaving your current employer you have the opportunity to roll over your retirement plan. Doing so can enhance your investment selections while giving you more direct control and access to the funds. If you would like assistance with this, please contact us.	☐	☐	
9	**BUDGETS AND INVESTMENTS - TEACHING YOUR CHILDREN** - We encourage you to spend the time and energy to provide your children guidance as to how to plan, budget and execute their financial desires. If you would like assistance with this please contact us. The younger you get them trained the more likely they will have a brighter future!	☐	☐	

Please indicate how you would like documents delivered in the future.

	PDF	Paper
Completed tax return	☐	☐
Invoices	☐	☐

OTHER NOTES, QUESTIONS, ETC.
